



MILITARY ORDER OF DEVIL DOG FLEAS TRANSMITTAL FORM

NAME OF HIDE _____ STATE _____ DATE _____
EIN Number _____ Scratchy Year _____
Incorporation Number: _____ Incorporation Date: _____

Local Hide Scratchy Flea make check payable to your State Hide. Send three (3) copies to your State Scratchy Flea.
State Scratchy Flea make check payable to Military Order of the Devil Dog Fleas. Send two (2) copies to National Scratchy Flea. Receipted copy will be returned. List current dues on one report. Make separate transmittal for back dues. List members alphabetically. Membership cards will be returned to the State Hide.

NEW MEMBERSHIP APPLICATIONS MUST ACCOMPANY THE TRANSMITTAL

CODES: R Renewal N New member RI Reinstatement

Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number
Code	Last Name,	First	Email Address
	Street Address or PO Box	City, State Zip+4	Phone Number

MEMBERS ON THIS REPORT _____ Local Hide Dues _____ Local Dues Total _____
MEMBERS ON LAST REPORT _____ State Hide Dues _____ State Dues Total _____
TOTAL MEMBERS TO DATE _____ National Dues \$2.00 National Dues Total _____

I hereby certify that the above members have paid their dues for the year of _____.

Local Scratchy Flea _____ (Address) _____ (City, state Zip +4) _____ (email address)

State Scratchy Flea _____ (Address) _____ (City, state Zip +4) _____ (email address)

National Scratchy Flea _____ (Address) _____ (City, state Zip +4) _____ (email address)